WAPHA
WA Primary Health Alliance

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PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

CODE OF PRACTICE

Mentally healthy workplaces for fly-in fly-out (FIFO) workers in the resources and construction sectors

WA Primary Health Alliance Submission

April 2018

Western Australian Primary Health Alliance (WAPHA) is pleased to provide the following submission to the Draft Code of Practice (CoP); Mentally healthy workplaces for fly-in fly-out (FIFO) workers in the resources and construction sectors.

WAPHA is the organisation that oversights the commissioning activities of WA's three Primary Health Networks (PHNs) – Perth North, Perth South and Country WA PHN. PHNs were established by the Australian Government in 2015 with the key objective of increasing the efficiency and effectiveness of medical services, particularly for those in our community who are at risk of poor health outcomes, and improving coordination of care to ensure people receive the right care in the right place at the right time.

The alignment of WA's three PHNs under one organisation (WAPHA) affords a once in a generation opportunity to place primary care at the heart of the WA health system and create the mechanism for integrating services across organisations and across boundaries. WAPHA's vision is improved health equity in WA and our mission is to build a robust and responsive primary health care system through innovative and meaningful partnerships at the local and state-wide level.

WAPHA believes an integrated health care system has a collective focus on delivering care in the most appropriate setting through formalised, cohesive relationships between all elements of the health system. WAPHA is committed to improving access to primary health care services for all Western Australians which is crucial in reducing hospitalisations and can contribute to the early diagnosis and management of chronic health conditions.

The Education and Health Standing Committee's report on the impact of FIFO work practices on mental health 2015, highly recommended the development of a code of practice to provide guidance of best practice to promote improved mental and emotional health and wellbeing amongst the workforce. The Standing Committee also noted the confusion around which regulator had jurisdiction for overseeing the occupational health and safety matters impacting on the FIFO worker.

As noted by beyondblue, Lifeline and many others in their submissions to this Committee, WAPHA supports the inclusion and recognition of worker's families and loved ones as important factors in maintaining positive mental health. WAPHA encourages the resource and construction sectors to view a worker's mental health in a holistic, whole-of-person way; promoting the inclusion of the family when addressing mental ill health.

Main recommendations

Aligning the Code of Practice with outcomes of research into FIFO and mental health

WAPHA would recommend incorporating findings from the current and ongoing research into the *wellbeing and mental health impact of fly-in fly-out (FIFO) arrangements on workers*. The research is being undertaken by UWA in consultation with an expert reference group consisting of a range of peak bodies, WAPHA, resource and construction industry representatives and people with a lived experience of suicidality. Findings from this research are due for release in September 2018. WAPHA would caution against missing the opportunity to incorporate findings and learnings from this research project into the CoP. In particular, the focus on how a worksite contributes to a person's mental health and activities required to address the burden of mental ill health. The CoP should address and incorporate the large amount of anecdotal evidence presented to the Standing Committees Inquiry on how workplaces contribute to mental ill health stigma, bullying and poor culture.

A focus on depression

WAPHA recommends the CoP focuses upon depression as it is a major contributor to ill health. The World Health Organisation (WHO) identified over 300 million people currently suffer with depression with the prevalence within Australia being 5.9% (WHO, 2017), with up to 45% of all Australians likely to experience a

mental illness across the lifespan. There are many Australians who currently suffer from mental ill health, particularly depression, yet remain undiagnosed and untreated.

Depression is the number one cause of non-fatal disability in Australia at 23% and is the third largest contributor to Australia's burden of disease at 13%.[i] Roughly, 25% of people who develop a depressive disorder in Australia will generally do so before the age of 20, and 50% prior to the age of 30.[ii] However, only a minority of those affected receive evidence-based treatment.

Suicidal acts are strongly connected with psychiatric disorders, especially depression. Therefore it is recommended to simultaneously address suicidal behaviour and the care of depression. About 90% of all suicides occur in the context of psychiatric disorders, of which the majority are depressive disorders.[iii] A stronger recognition and focus on depression is recommended for the CoP.

beyondblue commissioned a comprehensive systematic literature review of the prevalence of anxiety and depression and substance use disorders in Australian male-dominated industries 2012. The study found that suicide rates were higher in industries such as agriculture, transport and construction, with elevated rates of depression and anxiety particularly evident within construction and mining sectors.

Consistent terminology used throughout

The Code of Practice refers to the term, 'psychosocial' throughout the entirety of the document. It is recommended a clear understanding of this term is described in further detail. In particular, [pg 7. 1.4] WAPHA recommends expanding upon the two listed categories of psychosocial to encompass known psychosocial variables and their importance to ill health.

The World Health Organisations publication, *PRIMA-EF Guidance on the European Framework for Psychosocial Risk Management* describes the term psychosocial in the workplace to include aspects of design and management of work and its social and organisational contexts that have the potential for causing psychological or physical harm. WAPHA recommends referencing these guidelines and description throughout the CoP.[iv]

Workforce

WAPHA believes strongly in an integrated health care system with capacity and capability to deliver person-centred, best practice care for the people who live in our community. An integrated system requires a collective focus on delivering care in the most appropriate setting through formalised, cohesive relationships between all elements of the system.

Integrated care requires system-wide change. It involves many elements of the healthcare system including; general practice, pharmacy, specialist medical practitioners, pathology, carers, hospitals and extended care providers; all centred on providing the most appropriate care for people. Adequately addressing mental ill health requires an integrated system with appropriate workforce capacity and capability to ensure workers safety and care.

Western Australians living and working throughout regional and remote communities require and deserve equitable access to healthcare, however, the provision of adequate health services to remote and regional communities has always been, and remains, a challenge.[v] Primary health care services for FIFO workers whilst on site often places additional strain on local services already struggling with providing equitable health care. The CoP must address both the barriers to equitable health care access and infrastructure requirements for workers.

A shared responsibility between communities, resource and construction sectors, and the health system is required to adequately address health equity.

Alignment with other mental health strategies

WAPHA recommends the CoP make reference to, and aligns with, current evidence based mental health and suicide prevention strategies. These include; *Living is for Everyone framework* (LIFE), *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project* (ATSISPEP), and *World Health Organisation: A global imperative, The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 -2025: Better Choices. Better Lives (the Plan), and Suicide Prevention 2020: Together We Can Save Lives*.

WAPHA recommends the CoP consider approaches, strategies, guidance documents and policy papers currently implemented or in development (other than suicide prevention as mentioned above) throughout the Australian and Western Australian health system, including:

- Western Australia Youth Health Policy 2018-2023
- Western Australian Women's Health Strategy 2018-2023
- Western Australian Meth Strategy (2016)
- Aboriginal Health Council of Western Australia: Have your say, Aboriginal Youth Health
- WA Promotion Strategic Framework 2017-2021
- WA Aboriginal Health and Wellbeing Framework 2015-2030
- First Interim Public Health Plan for Western Australia
- Western Australia Sustainable Health Review
- Western Australian Alcohol and Other Drug Interagency Strategy 2017-2021
- The Fifth National Mental Health and Suicide Prevention Plan
- National ATSI Health Plan
- Australian Government response to the National Ice Taskforce Final Report
- Australian Government Response to the Better Outcomes Report
- WA Health Strategic Intent 2015 – 2020

Further recognition of the use of alcohol and other drugs

The CoP has little to no reference of the role alcohol and other drugs play in mental ill health, and would recommend the development of targeted strategies to help reduce the burden and use of alcohol and other drugs amongst the workforce. Greater reference to the prevalence and use other drugs is warranted given the prevalence of poly drug use, misuse of medications, and opportunities for harm reduction, particularly amongst the cohort of workers addressed in the CoP. Harmful alcohol consumption is linked to a range of mental health conditions, including depression, anxiety and social phobias.

As noted in the *Western Australian Network of Alcohol and other Drug Agencies (WANADA)* submission to the Sustainable Health Review, WAPHA believes partnership and cross-sector coordination are keys to reducing the harmful effects of alcohol and other drugs. This includes increased capacity to identify and respond to problematic alcohol and other drug use, enhancing service delivery across the continuum of care, and improved efficiency across the health system. It is crucial to support strong sustainable relationships between primary care, communities and workplaces to improve patient care and coordination.

Furthermore, interagency collaboration requires clearly defined roles, responsibilities and accountability amongst all parties. The WA Health's *Sustainable Health Review,* and *Service Priority Review* highlights the need to focus on community outcomes to drive greater transparency, performance and collaboration between Government agencies. In the face of potential backlash from industry regarding implementing the CoP, WAPHA suggests government agencies engage in a collaborative manner and clearly articulate responsibilities and accountabilities to ensure workers' safety and health care needs are prioritised.

Specific recommendations by page number

[Background. pg 3]
The CoP makes reference to the Government's response to the Standing Committee's recommendations. These recommendations need to be presented in the CoP in dot point form and commentary provided on what activity has occurred since October 2015. It is important the CoP clearly identifies its relevance in addressing the recommendations supporting the Mining Industry Advisory Committee' (MIAC) work thus far.

Clearly stating these recommendations provides the opportunity for workplaces to clearly understand how the CoP integrates with other measures and activities following the Standing Committees report in 2015.

[Basis for code of practice. pg 3]
WAPHA believes that mental health is the responsibility of the whole community. WAPHA recommends broadening the language currently used to include the recognition of the whole of community, alongside specific refence to those with a duty of care on and off site.

[pg 3. Basis for code of practice: However, compliance with the legislation…]
The CoP only briefly mentions that legislative compliance can be met through other methods such as technical or industry standards already in place; if it provides an equivalent or higher standard of work health and safety than the code of practice. WAPHA recommends including an example to highlight the circumstances where another standard/s provides a higher quality measure in meeting health and safety legislative requirements. It is also important to address any conflicting practices that may arise from the use of two or more code of practices in meeting legislative requirements.

WAPHA is concerned about the length of time it will take to actualize and put into place measures contained within the CoP. With a lack of accountability, clarity and purpose of this document, there is a risk it will remain inactive and not be implemented at all. The CoP must state the specific gap in current guidance that this code of practice is addressing.

[Scope and application. pg 3]
The CoP applies to workplaces that utlise fly-in-fly-out (FIFO) workers. It is recommended to broaden the use of workplaces that do not specifically use FIFO and may utlise a drive-in-drive-out (DIDO) workforce or other. It is important the CoP is clear, concise and unobstructed from the intended use across all resource and construction industries and settings.

[Scope and application. pg 4]
Psychosocial factors of mental ill health are not just confined to the workplace/worksite. It is recommended the CoP includes elements of the entirety of a person's swing, including; transportation, transfer to and from site, and other work-related activities whilst off-swing. Other factors to consider include a worker's preparation prior to going on site/on swing, and the days following the end of their roster as these times can cause increased distress and anxiety. The Australian Medical Association's submission to the Standing Committee's Inquiry indicated that occupational health and safety, mental health and general practice clinicians have reported that FIFO workers are exposed to numerous stressors both at work and at home within a highly challenging context.

The CoP fails to adequality address the role and function of FIFO workers' partners, families and communities in reducing mental ill health. Evidence suggests that the structure of FIFO work is not compatible with a healthy work-life balance. The tyranny of distance and isolation are factors contributing to strained relationships upon the family and should be addressed within the CoP, including activities to build resilience for workers and their families.

The current research into the *wellbeing and mental health impact of fly-in fly-out (FIFO) arrangements on workers,* has a focus upon the effect of FIFO work on the family. WAPHA recommends including these findings into the CoP and describing strategies for workers and their families to reduce the burden of FIFO work upon their mental health.

[1.1 Aims. pg 6]
WAPHA recommends the CoP use concise and consistent language throughout the document. The use of the phrase, 'that contribute to mental ill health' is inconsistent with the terminology used earlier on page 3, 'the CoP provides guidance on the protection of workers mental health.' WAPHA recommends at the very least an inclusion of a glossary of terms, ensuring consistent use of language with other standards and best practice.

[1.2 What is mental health? pg 6]
WAPHA recommends including a more robust, clearly defined and applicable definition of 'mental health'. We recommend incorporating the following: 'An individual's mental health status is not fixed, but varies. Whilst such variations are common, there may be times across the lifespan when it moves from healthy functioning into periods of ill health.'

WAPHA would also recommend incorporating the World Health Organisations definition of health, and mental health as they affirm a strong link to a person's mental physical and social wellbeing:

Health: 'A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'

Mental Health: 'A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.'[vi]

WAPHA recommends modeling the definition of mental health based upon the WA *Mental Health Commission's Strategic Plan 2020*: *making it personal and everybody's business*; "Most people with mental health problems and/or mental illness experience one-off or intermittent occurrences of poor mental health and are able to sustain family, work and community lives with support from primary health care services."

[1.3 What is a mentally healthy workplace? pg 6-7.]
Prevention and early intervention is often incorrectly used interchangeably leading to gaps in both investment and action.[vii] When the CoP describes creating a mentally healthy workplace, WAPHA recommends including, as a separate dot point, a focus upon primary prevention, including an accepted description of what prevention means within a mental health context and the importance of prevention in the primary care setting.

[1.6 Structure of this code of practice. pg 9]
As described above, a focus upon primary prevention in addition to early intervention is recommended to address mental ill health.

[4.1 Identification approaches. pg 14]
WAPHA recommends including a strategy that advocates participation from consumers and carers of mental health in the CoP. Currently, the CoP does not address the importance of hearing and adopting the voice of the consumer in any of the interventions or approaches to preventing mental ill health. Consumers and carers can illustrate how to identity and resolve deficiencies in service provision, prevention and early intervention.

[5. Risk analysis and risk assessment: Safety and health representatives… pg 18]
Whilst the role of Safety and Health representatives play an important function in identifying psychosocial hazards within the workplace. WAPHA recommends the CoP focus upon primary health and prevention, utilising a multidisciplinary team approach to primary mental health including the use of GPs, pharmacists, and

allied health. Adequately addressing mental ill health requires an integrated system with appropriate workforce capacity and capability to ensure workers safety and appropriately provided care.

WAPHA supports further capacity building amongst GPs and their multidisciplinary teams to provide high quality care to people working within the resource and construction sectors including access to appropriate services whilst on rotation.

The CoP uses static language to describe risk analysis and assessment. As an individual's mental health status is not fixed but varies, analysis and risk assessment should be viewed as an iterative and continuous process, with appropriate measures based on the severity of the psychosocial hazard or effect.

Access to primary care is central to building a robust and effective health system. The lack of service accessibility onsite and the lack of access to services from remote sites, including the lack of mobile phone coverage and/or internet access adversely affects workers ability to receive appropriate primary care and maintain support networks through families and friends.[viii]

[6. Controlling the risks; primary prevention pg 19-20]
Table 6.1 identifies strategies and examples of controls to create mentally healthy workplaces. WAPHA recommends the CoP states how a workplace can address activities to encourage inclusiveness and destigmatising mental health including establishing clear responsibilities and accountability for employers.

A barrier to obtaining care is the perceived stigma to seeking help. In addressing stigma, the CoP should address creating a safe environment to which people with mental ill health can openly address and disclose their concerns without fear of reprisal or loss of employment.[ix] WAPHA recommends the CoP clearly state the need and importance of Boards of Management, Executives and Leaders to champion creating cultural change rather than expressing an intent to reducing stigma in the workplace.

When encouraging help seeking behaviour, the CoP should provide guidance on addressing the following questions:

- Are the services provided accessible and appropriate?
- What is the capacity of the health workforce to deal with growing demands of mental health?
- Is there appropriate, evidence informed treatment, therapy and community support to provide and care for someone dealing with mental ill health?

As stated in the *Mental Health Commissions (MHC) submission to the Education and Health Standing Committee's Inquiry,* stigma exists within the resource and construction sectors particular amongst males. Additionally, over half of consumers (people self-identified as experiencing a mental health illness or problem and/or accessing mental health services) have self-stigmatised, with three in ten not disclosing illness in the workplace as well as avoiding social events. These attitudes were reflected in the findings of a *Lifeline WA study (2012)*, which found a significant number of FIFO workers were not likely to make use of any mode of mental health information and services offered on-site or in the community.

There is a lack of information relating to how workplaces can measure and evaluate the strategies identified in table 6.1. The controls identified are iterative in nature and therefore require a process to improve and adapt as required.

WAPHA recommends all staff within the construction and resource sectors are familiar with understanding mental health and support the inclusion of continual training and development for all staff within these sectors. The AMA's submission to The Standing Committees Inquiry reported that FIFO workers often indicate that there is very little focus on the identification and management of employees with mental illness and Managers and Supervisors are generally ill-equipped to provide appropriate responses. WAPHA supports

training for managers and leaders in addressing mental ill health.

[7. Monitoring and review pg 21]
Additional mechanisms to recognise and detect mental ill health in the workplace should include ongoing evaluative data on stigma over the period of intervention. As mentioned previously, preventing mental ill health is iterative in nature and continual improvement and evaluation is strongly advised.

Furthermore, both the construction and resource sectors should work cohesively with a multidisciplinary health team and local communities to provide the right care at the right time. WAPHA believes strongly in an integrated health care system with capacity to deliver person-centred, best practice care for the people who live in our communities. Those who work away from home on a regular basis require the infrastructure and support to receive an equitable level of care.

WAPHA would welcome the Committee's ongoing consultation with the primary care sector on further development of the CoP and has the capacity to bring key stakeholders together to discuss integrated approaches to addressing the mental health challenges faced by workers in resource and construction industries.

WAPHA appreciates the Panel's consideration of our submission. If you wish to discuss our recommendations in more detail, contact WAPHA care of Mrs Christine Kane, General Manager Strategy and Health Planning, on 08 6272 4966 or chris.kane@wapha.org.au.

References

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